

UNITED STATES DISTRICT COURT

for the
District of MassachusettsFILED
IN CLERK'S OFFICE
2025 MAR 31 PM 1:51U.S. DISTRICT COURT
DISTRICT OF MASS.

Kimberly Crosson

Case No. _____

(to be filled in by the Clerk's Office)

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

Jury Trial: (check one)



Yes



No

United Health Group and unknown partner
Northern Light Medical Group and President of, Randy Clark
Northern Light Sebasticook Valley
Hospital, all involved unknown John
staff + admin

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

COMPLAINT FOR A CIVIL CASE

I. The Parties to This Complaint

A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name

Street Address

City and County

State and Zip Code

Telephone Number

E-mail Address

Kimberly Crosson

400 Oliver Hill Rd Garland, Me

Garland, Penobscot

Maine 04939

N/A

NA

* Mailing = PO Box 30 Seabrook, NH 03874 *

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

Northern Light Sebasticook Valley Hospital, Admin,
447 N Main St.
Pittsfield, Somerset
Maine 04967
(207) 487-4000
Staff + all
unknown
involved
John Doe
Does involved

Pro Se I (Rev. 09/16) Complaint for a Civil Case

Defendant No. 1

Name
Job or Title (if known)
Street Address
City and County
State and Zip Code
Telephone Number
E-mail Address (if known)

United Health Group + all unknown
Northern Light Medical Group + Randy Clark
Company Medical Group and President
489 State Street
Bangor, Penobscot
Maine
(952) 936-6136

Defendant No. 2

Name
Job or Title (if known)
Street Address
City and County
State and Zip Code
Telephone Number
E-mail Address (if known)

Northern Light Sebasticook Valley Hospital
Facility and all unknown involved John
447 N Main St
Pittsfield Somerset
Maine
(207) 487-4000
Jane Does

Defendant No. 3

Name
Job or Title (if known)
Street Address
City and County
State and Zip Code
Telephone Number
E-mail Address (if known)

Defendant No. 4

Name
Job or Title (if known)
Street Address
City and County
State and Zip Code
Telephone Number
E-mail Address (if known)

Pro Se I (Rev. 09/16) Complaint for a Civil Case

b. If the defendant is a corporation

The defendant, (name) Northern Light is incorporated under
Sebastião Velho Hospital
the laws of the State of (name) Maine, and has its
principal place of business in the State of (name) Maine.
Or is incorporated under the laws of (foreign nation) _____,
and has its principal place of business in (name) Maine.

(If more than one defendant is named in the complaint, attach an additional page providing the same information for each additional defendant.)

3. The Amount in Controversy 1.5 + all applicable damages

The amount in controversy-the amount the plaintiff claims the defendant owes or the amount at stake-is more than \$75,000, not counting interest and costs of court, because (explain):

USCA 421983.5 m neglect of medical, defamation,
medical neglect, medical kidnapping
multiple counts of distress of mental, physical,
allowed emotional, embarrassment, neglect of medical,
Kidnapping, restrained by secured door + staff

III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

Entered the ER, approached the lobby clerk after
being in a car accident requested my medical
pacemaker checked for heart arrhythmia and
instead of was questioned by staff + security,
held involuntarily under a psychiatric evaluation

IV. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

All relief + punitive damages
public apology,
investigate, close + imprison all that were
involved w/ mistreatment, neglect and
defamation

V. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing:

1/28/2025 3/26/2025

Signature of Plaintiff

Printed Name of Plaintiff

Kimberly Crosson
Kimberly Crosson**B. For Attorneys**

Date of signing:

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Street Address

State and Zip Code

Telephone Number

E-mail Address